

parts covering the tuberosity and ramus of the ischium and lower part of the groin; the ecchymosed state of the scrotum, and subsequent severe inflammation of the testicle of the affected side. The three latter circumstances, taken in connection with the first, are conclusive evidence to my mind that dislocation occurred in the first part of the descent, and that having been thrown, either on his back or side, on the pieces of wood which lay on the ground, fracture then ensued. The limb was shortened full four inches; the glutei muscles were contracted and rigid, giving the appearance of a clenched fist beneath the integuments.

To reduce simple dislocation of the hip is an operation familiar to every mechanical surgeon, but this was a complication so formidable that I will not affect to conceal my despair of success before I commenced the attempt at reduction. An extraordinary degree of extensive force must be employed to overcome the rigid state of contraction assumed by the muscles surrounding the hip, under their *novel state* of emancipation, from their natural antagonist, the femur; or an equivalent to extraordinary extension must be substituted. As severe extension was here impracticable from the impediment offered by the fracture, pressure afforded the only chance of subduing muscular action; and with this view, a leather strap was passed tightly round the limb, over the insertion of the *psaos magnus* and *iliacus internus*, and above and around the trochanter major, and of course through the cleft of the nates, and finally connected to a roller, which surrounded the pelvis. This contrivance commanded the muscles about the hip, including the rotators, outwards, leaving the vasti free; which, being in a state of active spasm, favoured the intention by affording resistance sufficient to bring down the head of the femur by the time the fracture was reduced. In consequence of the great obliquity of the fracture, I was obliged to employ M'Intire's splint, to keep up extension, although I believe, in fractures of the upper third, the double inclined plane is generally preferred; the fracture of the fibula, treated on the ordinary principles, terminated favourably in three weeks or a month. The patient is now recovered, if I except a shortening of the limb, to the extent of half an inch. Such is the history and such the treatment of this case; if a similar one has already occurred in practice, or appeared in print, I am not aware of it.

March, Cambridgeshire, March 28, 1844.

[The above, as the author correctly observes, is a rare complication. A case of a similar nature is recorded in Fergusson's Practical Surgery, but the fracture was in the lower third of the femur. The dislocation, however, was not discovered for some considerable time, and the attempt at reduction proved futile.]

EFFECTS OF ERGOT IN PRODUCING ABORTION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In the interesting trial relative to the production of abortion, related by Dr. Shapter, of Exeter, in your

number for April 10th, 1844, I was greatly surprised at the following expression of his opinion:—"I do not think ergot of rye would act unless natural action had commenced."

Having been engaged for more than twelve years in that arduous portion of our profession, midwifery, and since, during that time, no less, on an average, than from 20 to 30 cases of labour have been attended by myself during each month of the period already alluded to, I have had, I conceive, sufficient opportunities for inquiry into the action of so potent and specific an agent as the ergot of rye upon the impregnated uterus. Several cases of premature labour have been produced in my own practice at the sixth and seventh month of utero-gestation, by the administration of this agent alone. With every feeling of respect towards Dr. Shapter, I beg most distinctly to affirm my thorough conviction in the power the ergot of rye possesses in producing uterine action; and it has that power, provided the ergot is good, in an equal degree, to that of reproducing uterine action when it has been once established. I must further unhesitatingly state, that the ergot of rye possesses the power of producing abortion, though doubts might be entertained that it had not that specific action ascribed to it by many writers of the present day upon midwifery, if the opinion of so eminent an authority as Dr. Shapter were allowed to remain unquestioned.

Since writing the above, we have been favoured with the remaining portion of Dr. Shapter's paper, wherein he fully carries out the opinion entertained by some leading obstetricians of the present day. Dr. Shapter gives a condensed account of the action of the ergot of rye, as attested by men of eminence; yet, it appears, he rested his own opinion of the ergot of rye, as a non-producer of uterine action, unless that action had already commenced, on a single case. Such evidence will, to an ordinary reader, not be conclusive. I have before me numerous cases in which the ergot of rye was administered, for the purpose of producing a healthy action of the uterus, with success. In one case, in which hæmorrhage had been going on some time prior to its administration, after the lapse of two or three days a fleshy substance was expelled. This morbid production had given rise to passive hæmorrhage, unattended with uterine action, until excited by the ergot of rye, when the production alluded to was expelled; after which, the hæmorrhage ceased, and the patient rapidly regained her health and strength.

There can, as it appears to me, be only one opinion on the specific action of this drug; for, instead of plugging the uterus, administering lead and opium, acids, &c., in cases of uterine hæmorrhage, whether accompanied or not with uterine action, I invariably succeed in arresting the flow of blood by the timely, yet judicious, administration of the ergot of rye. Many practitioners differ with me in opinion on this point; I, however, still rest on my own experience, which continually adds new evidence of the justness of my views. I therefore repeat that ergot of rye never failed, in my hands, to produce the desired effect.

My mode of giving the ergot of rye does, I am well aware, differ from that of many of my professional brethren; for, instead of administering the ergot in large doses, I give small doses of the drug, say from two to three grains every three or four hours, or oftener,

according to the state of the patient, until uterine action is produced, evinced by pain in the bowels, &c.; thereby stimulating, in my procedure, the manner in which nature would act, had not the powers of the system become enfeebled from the draining already sustained from the flow of blood continuing. The tissues of the body, when deprived of their natural stimuli, suffer enervation, which incapacitates them from throwing off the various intra-uterine products, to the great detriment of the patient; it is, in such cases, that the ergot manifests its wonderful powers over the functions of the uterus.

Labour, in general, commences gradually, the patient frequently suffering more or less pain for some hours previous to the action of the abdominal muscles being excited into those expulsive throes, sufficient to force the head of the child, after the os uteri is fully dilated, through the pelvic aperture. Should this salutary action be arrested from a want of energy in the uterus, and that organ be not fully dilated; the administration of a few grains (10 or 15) of the ergot of rye will produce the uterine action so as fully to dilate the os uteri; when in some cases, particularly if the patient be of a low or phlegmatic temperament, the uterine action becomes again suspended, and requires from half a drachm to two scruples of the ergot to be given, to arouse the uterus to complete its purpose in the animal economy.

I remain, Sir,

Yours most respectfully,

THOS. H. WARDLEWORTH.

Bury, May 3, 1844.

OPIMUM IN UTERINE HÆMORRHAGE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I have read in the second and third Numbers of the *Journal* the very judicious observations and cases of Mr. Dorrington, on the efficacy of "Opium as a remedy for the effects of Uterine Hæmorrhage." I have selected two cases from a stock containing many similar. They are intended to corroborate Mr. Dorrington's statement; and if you deem them of sufficient interest and importance, you will oblige me by inserting them in your next *Journal*.

CASE I.

On the 6th of October, 1843, I was requested to attend Mrs. B—, of Lane Tedad, who had that morning fallen into labour. I was informed that she had been working hard all the previous day, and that last night she was seized with shivering, followed at intervals by pains in the back and region of the uterus. At half-past seven this morning a great discharge of blood took place, and at nine, when I first saw her, a very large quantity had been lost. The countenance was pale, extremities cold, pulse quick and feeble. Blood still flowed from the vagina. The os uteri was soft and a little dilated, and the pains did not produce any sensible effect upon it. I immediately administered 60 or 70 drops of tincture of opium, and ruptured the membranes. After an hour, the coldness of the face and extremities had decreased, the pulse was firmer and stronger, the hæmorrhage disappeared, and the

pains ceased. In about four hours labour came on, without any hæmorrhage, and was concluded at half-past three p.m. The child died shortly after, but the mother recovered in the most favourable manner.

CASE II.

About 2 a.m. on the 28th of March, 1844, I was summoned to attend Mrs. R., in labour of her fourth child. The case proceeded naturally, and in about an hour the labour had terminated and the placenta was expelled. This, however, was speedily followed by a gush of blood, and in spite of all my endeavours, such as pressure upon the uterus, application of cold, &c. &c., the hæmorrhage increased. It was now evident from her pale countenance, cold extremities, tossing to and fro, syncope, &c., that unless relief could be afforded, she would sink under it. Accordingly, I gave her eighty drops of tincture of opium, and she had not taken the dose long, before better symptoms began to show themselves. The pulse, which was before imperceptible, commenced to beat slowly, the countenance improved, the extremities became warmer, and the hæmorrhage ceased. I was not long before I had the satisfaction of seeing my patient out of danger and in a convalescent state.

It is worthy of remark, that before I administered the tincture of opium I tried several very important means to promote contraction, but all apparently in vain, and that when I gave the opium the system began to rally and produced favourable results.

I am, Sir,

Yours respectfully,

JAMES THOMPSON, M.D.

Burnley, Lancashire, April 20, 1844.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, MAY 8, 1844.

There is an old and often discussed question respecting the comparative merits of the English and certain Foreign Medical Schools, which at this period, when continental novelties and continental authorities are so much in request, is not undeserving of consideration. Possibly we may on the one hand be inclined to think that everything foreign—everything that is not English—is overrated, while on the other hand some of our continental friends may deem us to be years behind the rest of the civilized world. There is, unhappily, a national antipathy undermining and striking at the root of that social intercourse which should exist among all who are engaged in the same pursuits, and who have the same objects in view. Still the question recurs, are the continental schools so far before our own, the continental lecturers so highly gifted, the continental practice so superior, that we are to cast aside all that we have been accustomed to esteem, and to retrace our steps, and commence our course anew, by fol-